PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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	The state of the s		Application Number	10/707,831			
TRANSMITTAL			Filing Date	January 15, 2004			
	FORM		First Named Inventor	David J. HOUSTON			
			Art Unit	3711			
	(to be used for all correspondence after initia	al filing)	Examiner Name	Chiu, Raleigh W.			
	Total Number of Pages in This Submission	2	Attorney Docket Number	28647.00002			

Tota	al Number of I	Pages in This Submission	2		28647.000			
	ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Rem	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):			
·		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	R AGE	ENT	
Firm Name  Dickinson Wright, PLLC  Signature			1,	Al Viain				
		JAME A	لكلهب	5 1,307	· -			
Printed name John M. Naber								
Date May 17, 2006			Reg. No. 46			6,487		
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First Named Inventor David J. HOUSTON **Art Unit** 3711 **Examiner Name** Chiu, Raleigh W. Attorney Docket Number | 28647.00002

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR  I hereby appoint	the practitioners associated with the Customer Number:  35161					
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  35161						
OR Firm or						
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I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature DWI Jum						
Name Gavid J. House						
Date 5	Telephone SIN. 487.4777					
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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